

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County PandolphRegistration District No. 735File No. 38581Township Moberly Mo.Primary Registration District No. 3034Registered No. 231City Moberly Mo.St. Mo. Ward 2. FULL NAME Cora A. Cory(a) Residence, No. 408 Bertley St. 2nd Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Triplett Mo. DATE Oct. 17 193719. UNDERTAKER  
(ADDRESS)

20. FILED

Oct 16 1937 Ethel Blehm  
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 193722. I HEREBY CERTIFY, That I attended deceased from  
Oct 1st 1937, 19... to Oct 15th 1937, 19...I last saw h. ex alive on Oct 15th 1937, 19... Death is saidto have occurred on the date stated above, at 9.15 P.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

Date of onset

Other contributory causes of importance:

Arterio sclerosisName of operation No Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?  Date of injury , 19...Where did injury occur? 

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) Wm. J. Blum, M. D.(Address) Moberly, Mo

